

## **KEWEENAW BAY INDIAN COMMUNITY**

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)
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## Community Needs Assistance Program (CNAP) NON-MEDICAL ASSISTANCE-Tribal Funds Funeral Allowance-Request Sheet

Date of Request:
NAME OF DECEASED:
DATE OF DEATH:
DATE OF FUNERAL:
LOCATION OF FUNERAL:  Physical Address including City/Twnshp/Vlg/State
Name of Head of Household/KBIC Tribal Id:
Name of Requestor/KBIC Tribal Id:
Requestor's Relationship to the Deceased:
What is the duration of the travel you are requesting, how many days and nights?
NOTES:

## **CHECK LIST:**

-		~		3.35
Г	1 Completed	CAP Applicati	ion and Its Requi	red Documentatior

[ ] Written Verification of Funeral

FOR OFFICE USE ONLY												
Mileage Round Trip Miles: x \$.23 per mile = APPROVED AMOUNT : \$												
Lodging Per Diem Amount: \$		<b>x</b> 75%	= \$		_ X	Ni	ghts =	APPRO	OVED A	<b>A</b> MOUN	<mark>v<i>T</i>: \$_</mark>	
Per Diem Amount: \$ x 75% = \$ x Nights = APPROVED AMOUNT: \$ Meals  Insert an X in the Meal \$Amount\$ box in its corresponding row for each date column that applies.  The calculation chart below is based on one person.												
			$\mathbf{M}$	<b>EAL</b>	CAL	CULA	TION	I CHA	RT			
MEAL \$AMOUNT\$ (See Chart Below)	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	MEAL TOTAL-PER ROW (Multiply the Meal \$Amount\$ by the number of X's in each row).
\$6.00												\$
\$8.00												\$
\$10.00												\$
6am to 12 Noon to 6pm = \$8.00  6pm to 6 am = \$10.00												
[ ] APPROVED												
Recipient's Name: Recipient's Name: Recipient's Name: Recipient's Name:  I DENIED									Amount: \$ Amount: \$ Amount: \$			
Reason:											_	
You have a right to file an appeal for an denial/adverse decision. The Appeal forms can be obtained in the CAP office.  Signature by:												
Warren C. Swartz, Jr., President -or- Representative Name, Title												